

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org
Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM STATE OF HAWAII
(Type or Print Clearly)

STATE ETHICS COMMISSIDE

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PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
RIBELLIA	KIMBERLY	L.	845.6221
MAILING ADDRESS (Street)			FAX UB 2.578 7
1075 OPAKAP	AKA STREET	Kimborly	HIST C hawain . rv. Lom (Zip Code)
(City)	(State)	,	(Zip Code)
KAPOLEI	#1		96707
EMPLOYING ORGANIZATION (Fill	in only if you are employed by a busi	ness entity which has been retained to lobby)	TELEPHONE
HI OPERBRATING B	angineers industr	Y STABILIZATION FUND	845.6221
MAILING ADDRESS (Street)	•		FAX 682. 5787
1075 OPAKAPAKA	4 ST.		EMAIL
(City)	(State)	_	(Zip Code)
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PART II ORGANIZATION	DDV FOR (C)		T
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawain Operating Engineers Industry Stabilizatin fund MAILING ADDRESS (Street)			845.6221
(City)	(State)		(Zip Code)
KAPOLEI	HI	96707	
NAME OF PERSON RESPONSIBLE FOR	PREPARING ORGANIZATION'S EXPEN	DITURES STATEMENT	TELEPHONE
Alvin Kobayashi			845-6221
MAILING ADDRESS (Street)			FAX 682-5787
1075 Оракарака	St.		darolee4 isf chamair.r.c
(City)	(State)		(Zip Code)
Kapolei HI	96707		Ì

PART III DESCRIPTIO	N OF SUBJECTS UPON WH	IICH YOU EXPECT TO LOBE	BY	
Agriculture	Education	Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		
PART IV CERTIFICATI	ION OF LOBBYIST			
I hereby certify that t	he information furnished abov	ve is, to the best of my knowle	edge, correct and complete.	
Beniluly	Hambuly Bibellia		9-26-13	
	(Signature of Lobbyist)		(Date)	
PART V AUTHORIZAT	TION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
JOHN MONIS	.	EXECUTIVE D	PIRECTOR	
NAME OF ORGANIZATION (if	f applicable)	ii L. T. I	TELEPHONE	
41 Operating Ex	fapplicable) ing inens Industry Sta	abi/iZatam tuna	845.6221	
MAILING ADDRESS (Street)			FAX 182 · 6221	
	1075 Opakapaka Street			
1075 Opaka,	paka Street		John 4 is Chanain . w.	
1075 Opaka,	paka Street (State)		John 4 isfChawain.vv. (Zip Code)	
1075 Opaka, (City) Kapolei	paka Street (State) H1	9676	,	
	paka Street (State) ### ### de above - named person to en	9676	(Zip Code) 2 7	
		9676	(Zip Code) 7	